Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/05/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555744	A. Building B. Wing	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Siena Skilled Nursing & Rehabilitation Center	11600 Education Street Auburn, CA 95603

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on observation, interview, and record review, the facility failed to protect one of three sampled residents (Resident 1) from sexual abuse, when Resident 2 grabbed Resident 1's breast and buttock without permission on two occasions.This failure had the potential to negatively impact Resident 1's psychosocial well-being.Findings:A review of Resident 1's admission Record, dated 2/27/26, indicated Resident 1 was admitted to the facility in 2025 with diagnoses including substance (alcohol or drug) abuse and personal history of unspecified abuse in childhood (past experience of abuse under the age of 18 without detailing the specific type of physical, sexual, or emotional abuse).A review of Resident 1's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 2/5/26, indicated Resident 1's Brief Interview of Mental Status (BIMS) score was 15 out of 15 with no memory impairment.A review of Resident 2's admission Record, dated 2/27/26, indicated Resident 2 was admitted to the facility in 2025 with diagnoses including schizoaffective disorder (a mental illness that is characterized by disturbances in thought) and stimulant dependence (continued use of drugs despite significant negative consequences).A review of Resident 2's MDS, dated 1/30/26, indicated Resident 2's BIMS score was 15 out of 15 with no memory impairment.A review of Resident 3's admission Record, dated 3/9/26, indicated Resident 3 was admitted to the facility in 2024 with diagnoses including schizoaffective disorder and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest).A review of Resident 3's MDS, dated 2/2/26, indicated Resident 3's BIMS score was 15 out of 15 with no memory impairment.A review of the facility's document titled, [State of California; a form to document suspected abuse of vulnerable adults] SOC 341, dated 2/27/26, indicated Resident 3 reported to staff that he saw Resident 2 grabbing Resident 1's buttock and breasts and Resident 1 did not like it.During an interview on 3/4/26 at 1:07 p.m. with Resident 1 in the dining room, Resident 1 recalled a tall Black guy touched (grabbed) her breast, waist, and buttock three times. Resident 1 stated she did not like it and felt disrespected when touched inappropriately. Resident 1 further stated Resident 2 touched her buttock again the next day, and staff saw him and stopped the incident.During an interview on 3/4/26 at 1:14 p.m. with Resident 3 in the hallway, Resident 3 confirmed he saw Resident 2 grabbing Resident 1's breast and buttock three to four times. Resident 3 used his right hand and grabbed his right chest and buttock to demonstrate what happened.During an interview on 3/4/26 at 1:17 p.m. with Resident 2 in his room, Resident 2 confirmed he used the right hand to grab the chest, waist, and buttock of a female resident. Resident 2 also confirmed the incident happened again on the next day and staff intervened.A review of Resident 1's Progress Notes, dated 3/2/26, indicated Resident 1 stated a male resident had touched her waist and pulled in close to her and also touched her breasts and butt . [and to] . tell male [Resident 2] to not bother [Resident 1] anymore.During an interview on 3/4/26 at 1:25 p.m. with Licensed Nurse (LN) 1 at the nursing station, LN 1 confirmed Resident 3 witnessed Resident 2 grabbing Resident 1's breast and buttock.A review of Resident 1's Progress Notes, dated 2/28/26, indicated a nurse witnessed again Resident 2 using the right hand to brush on Resident 1's left side butt cheek.A review of Resident 2's Progress Notes, dated 2/28/26, indicated, At approximately 1150 [a nurse] witnessed [Resident 2] use right hand to brush on [Resident 1's] left (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

Printed: 06/05/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555744	A. Building B. Wing	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Siena Skilled Nursing & Rehabilitation Center	11600 Education Street Auburn, CA 95603

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	side butt cheek.A review of Resident 2's Progress Notes, dated 3/2/26, indicated the Interdisciplinary Team (IDT) discussed Resident 2's ongoing behaviors of initiating physical contact with peers without invitation.During an interview on 3/4/26 at 12:17 p.m. with the Director of Nursing (DON), DON confirmed Resident 3 saw Resident 2 touching Resident 1's breast and buttock inappropriately. DON stated Resident 2 tried to touch Resident 1's buttock again the next day, and a nurse stopped him.A review of Resident 1's care plan titled, Experienced alleged/suspected abuse as evidence by alleged incident with peer. At risk for emotional disturbance and/or trauma, dated 2/27/26, indicated the goal was to . be free of abuse .A review of the facility's policy titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, dated 4/2021, indicated, Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms.These findings represent past noncompliance with this regulatory requirement. Observations, interviews, and record reviews confirmed Resident 1 had a sexual abuse incident. The physicians and conservators for Resident 1 and Resident 2 were notified on 2/27/26. The residents' care plans were updated for suspected abuse. The care plans indicated Resident 1 and Resident 2 were on every 15 minutes safety and wellness checks; care plan was initiated for Resident 1 and updated to one-to-one for Resident 2 on 2/28/26. Nursing assessment completed on 2/27/26 for Resident 1. SOC 341 was completed on 2/27/26. The 72 hours monitoring was in place post incident for both residents. Psychosocial assessment was completed on 3/2/26 for both residents. Abuse in-service training was conducted on 2/27/26, 2/28/26, and 3/2/26. There was sufficient evidence that the facility corrected the violation as of 3/2/26, and no other occurrences of noncompliance were identified. At the time of the survey, the facility was in substantial compliance with this regulatory requirement and therefore, this violation does not require a plan of correction.